



## Arkansas Psychology Board

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**NOTE—The Board will accept  
only legible, signed, original  
forms without corrections.**

### —Statement of Intent to Practice as a Provisionally Licensed Psychological Examiner—

This form is to describe your competencies to practice during your period of provisional licensure. You will complete a new statement of intent upon licensure.

Applicant's Name (PRINTED): \_\_\_\_\_

Indicate all types of psychological services you are competent to provide under supervision during your period of provisional licensure. (NOTE: provisional licensees must be supervised in ALL areas of practice.) All areas of practice and populations indicated must be supported by coursework and supervised training.

1. Areas of practice:

- |  |  |
|--|--|
| <input type="checkbox"/> Psychoeducational Testing     | <input type="checkbox"/> Individual Therapy      |
| <input type="checkbox"/> Objective Personality Testing | <input type="checkbox"/> Group Therapy           |
| <input type="checkbox"/> Projective Tests              | <input type="checkbox"/> Couples/Marital Therapy |
| <input type="checkbox"/> Diagnostic Interviewing       | <input type="checkbox"/> Family Therapy          |
| <input type="checkbox"/> Hypnosis                      | <input type="checkbox"/> Biofeedback             |
| <input type="checkbox"/> Consultation                  | <input type="checkbox"/> Neuropsychology         |
| <input type="checkbox"/> Other (specify)               |  |

2. Populations to be served:

- ☐ Child      ☐ Adolescent      ☐ Adult      ☐ Geriatric

3. I have read, understood, and agree to abide by

- ☐ Yes   ☐ No   American Psychological Association's Ethical Principles of Psychologists and Code of Conduct
- ☐ Yes   ☐ No   ACA §17-97-101 et. Seq., the law that governs the practice of Psychology in Arkansas
- ☐ Yes   ☐ No   Rules and Regulations of the Arkansas Psychology Board

The Board cautions all licensees to confine practice to areas in which you have demonstrated competence through experience and supervised training. The Statement of Intent form **MUST** be amended anytime you wish to expand your areas of practice. All revisions to the Statement of Intent must be approved by the Board.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_